


**REQUEST FOR STATEMENTS OF QUALIFICATIONS (RSQ)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <p style="text-align: center;"><b>LAKE COUNTY, FLORIDA</b><br/>OFFICE OF OFFICE OF PROCUREMENT<br/>SERVICES</p>                                                                                                                                                                                                                                                                                                                                                                      | RSQ NO: 04-100<br>ISSUE DATE: June 7, 2004<br>CONTRACTING OFFICER:<br>PHONE NO: <b>352.343.9525</b><br>FAX NO <b>352.343.9473</b><br>EMAIL: <b>dthielhart@co.lake.fl.us</b> |
| <p style="text-align: center;"><b>SUBMIT QUALIFICATIONS PACKAGE PRIOR TO:</b></p> <p><b>CLOSING DATE: July 7, 2004</b></p> <p><b>CLOSING TIME: 3:00 P.M. (local time)</b></p>                                                                                                                                                                                                                                                                                                                                                                                          | <p style="text-align: center;"><b>SUBMIT TO:</b><br/><b>SEE NEXT PAGE</b></p>                                                                                               |
| <p><b>PROJECT TITLE &amp; DESCRIPTION: ARCHITECTURAL DESIGN FOR LAKE COUNTY LIBRARIES</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                             |
| <p><b>NON-RESPONSE REPLY</b><br/> If you do not want to respond to this RSQ at this time or would like to be removed from the Bidder's List, please mark the appropriate space and return this sheet only.</p> <p><input type="checkbox"/> Not interested at this time; please keep our firm on your List for future requests for this service.</p> <p><input type="checkbox"/> Please remove our firm from your Bidder's List for this type of service.</p>                                                                                                           |                                                                                                                                                                             |
| <p>The respondent hereby agrees to furnish the services pursuant to all requirements, specifications, and scope of services contained in this solicitation document, and further agrees that the language of this document shall govern in the event of a conflict with his or her response. By my signature I certify that this response is made without prior understanding, agreement, or connection with any corporation, firm, business entity, or person submitting a response for the services, and is in all respects fair and without collusion or fraud.</p> |                                                                                                                                                                             |
| <p style="text-align: center;"><b>THIS FORM MUST BE SIGNED TO BE CONSIDERED FOR AWARD</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                             |
| COMPANY NAME:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DATE:                                                                                                                                                                       |
| MAILING ADDRESS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PHONE:                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | FAX:                                                                                                                                                                        |
| CITY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STATE:                                                                                                                                                                      |
| ZIP:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                             |
| SSN OR FEDERAL TAX NO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TITLE OF AUTHORIZED REPRESENTATIVE:                                                                                                                                         |
| E-MAIL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | WEB URL:                                                                                                                                                                    |
| AUTHORIZED SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PRINTED NAME:                                                                                                                                                               |

## **IMPORTANT NOTICE TO RESPONDENTS**

**ALL** incoming mail and packages will be opened for security and contamination inspection by the Lake County Clerk of the Circuit Court Mail Receiving Center in an off-site secure controlled facility **PRIOR** to delivery to any Lake County Government facility, which includes the Lake County Office of Office of Procurement Services.

If you submit your response by the **UNITED STATES POSTAL SERVICE**, please send it to:  
LAKE COUNTY OFFICE OF PROCUREMENT SERVICES  
PO BOX 7800  
TAVARES, FL 32778-7800

If you submit your response by a **THIRD PARTY CARRIER such as Fed-X, UPS, or a private courier**, please send it to:  
LAKE COUNTY OFFICE OF PROCUREMENT SERVICES  
MAIL RECEIVING CENTER  
416 W. MAIN STREET  
TAVARES, FL 32778

If you plan on submitting your b response **IN PERSON**, please bring it to:  
LAKE COUNTY OFFICE OF PROCUREMENT SERVICES  
315 W. MAIN STREET  
4TH FLOOR, ROOM 416  
TAVARES, FL 32778

To be considered for award, a response must be received and accepted in the Office of Procurement Services Office prior to the official opening date and time.

Allow sufficient time for transportation and inspection.

Your response will not be considered for award if received in the Office of Procurement Services Office after the official opening date and time regardless of when or how it was received by the Lake County Clerk of the Circuit Court Mail Receiving Center.

### **1.0 INTRODUCTION**

1.1 Lake County Board of County Commissioners is seeking statements of qualifications from qualified firms interested in providing library design architectural services.

1.2 Pursuant to Florida Statute 471, 472 or 481 (as applicable to this request) firms or individuals shall be registered with the State of Florida and have obtained at least the minimum thresholds of educations and professional experience required by the statute.

## **2.0 SCOPE OF SERVICES**

Lake County is seeking an Architect to provide library design services for libraries planned throughout the County and to develop the County's library prototype design(s). The prototype design(s) will become the property of Lake County. The prototype design(s) may be used "as is" and/or may be modified to accommodate unique programming requirements and site adaptations.

The County is looking for a Architect who has experience in designing libraries in the State of Florida.

**IT IS THE INTENT OF LAKE COUNTY TO REUSE THE PLANS DEVELOPED HEREUNDER AT SOME FUTURE TIME AND ALL RESPONDENTS ARE HEREBY NOTIFIED OF SUCH INTENT IN ACCORDANCE WITH SECTION 289.055(10), FLORIDA STATUTES.**

## **3.0 KEY PERSONNEL**

In submitting a response to this RSQ, the respondent is representing that each of the personnel listed or reference in its response shall be available to perform the services described, barring illness, accident, or other unforeseeable events of a similar nature in which case the contractor shall promptly offer a qualified replacement. In the event the contractor wishes to substitute personnel, the contractor shall propose a person with equal or higher qualifications and each replacement person is subject to prior written County approval. In the event the requested substitute person is not satisfactory to the County and the matter cannot be resolved to the satisfaction of the County, the County reserves the right to cancel the contract task assignment for cause.

## **4.0 GENERAL TERMS AND CONDITIONS**

The following terms and conditions shall govern the submission of responses and subsequent contracts. Lake County reserves the right to reject any response which takes exception these conditions.

### **4.1 Definitions As Used Herein:**

- a. The term "Request for Statements of Qualifications (RSQ)" means a formal solicitation inviting statements of qualifications.
- b. The term "response" means the information submitted by the respondent in response to this RSQ.
- c. The term "respondent" means the person, firm, or corporation who submits a response.
- d. The term "County" means Lake County, Florida.
- e. The term "Board of County Commissioners" or "BOCC" means the governing Board of Lake County, Florida.
- f. The term "contractor" means a respondent awarded a contract from this solicitation.
- g. The terms "you" and "your" means the same as the term "respondent" above.

## 4.2 Clarification and Addenda

It is the responsibility of the respondent to carefully examine these specifications, terms, and conditions to understand what will be expected if a response is submitted and are awarded a contract. Any inquiries, suggestions, or requests concerning interpretation, clarification or additional information shall be made in writing, (fax or e-mail is acceptable) through the Contracting Officer listed on the RSQ cover page. The County will not be responsible for any information given by any employee, representative or other person, except the Contracting Officers listed, or the Procurement Services Director. The issuance

of a written addendum is the only official method by which interpretation, clarification or additional information can be given.

- 4.2.11 If it becomes necessary to change any part of this RSQ, notice will be posted on the County's Website. The respondent must acknowledge each amendment (change) in its response. Failure to acknowledge each addendum may disqualify the response to the County. It is solely the responsibility of the respondent to make sure that you have received and understood all changes made to this RSQ before submitting a response. Check the Lake County Website [http://www.lakegovernment.com/open\\_bids\\_projects.htm](http://www.lakegovernment.com/open_bids_projects.htm) for any changes (addenda).

## 5.0 PUBLIC OPENING

- 5.1 Shortly after the advertised deadline date and time for receipt of responses, the appropriate Office of Procurement Services official will publicly open and read aloud the names of the respondents. All respondents and the general public are encouraged to attend the public opening. The reading and recording of the respondent's name does not mean that the respondent has met any requirement and/or specification set forth in the RSQ.
- 5.2 A complete listing of all respondents to this Request for Statements of Qualifications should be available within five (5) working days after closing date at [http://www.lakegovernment.com/Initial\\_Results.htm](http://www.lakegovernment.com/Initial_Results.htm). The responses will be available for inspection during normal business hours in the Office of Procurement Services.
- 5.3 Individuals covered by the Americans with Disabilities Act of 1990 in need of accommodations to attend public openings or meetings should contact the Lake County Office of Procurement Services in Tavares 352.343.9839 at least five (5) days prior to the date.
- 5.4 The County reserves the right to request clarification of information submitted and to request additional information of one or more respondents after the deadline for receipt of responses.
- 5.5 No Confidentiality of Information
- 5.5.1 When the response is opened, it becomes a public record, except as listed below. All material submitted becomes the property of the County and may be returned only at the County's option. The County has the right to use any or all ideas presented in any reply to this RSQ.
- 5.5.2 The County is governed by the Public Record Law, Chapter 119, Florida Statutes (F.S.). Only trade secrets as defined in Section 812.081, F.S., will be exempt from disclosure. If a respondent submits trade secret information, the information must be segregated and each pertinent page must be clearly labeled "trade secret." The County will maintain the confidentiality of such trade secrets to the extent

provided by law. If all or most of the pages are labeled as “trade secrets,” the County reserves the right to reject the response without consideration and shall not be bound by the bidder’s claims of “trade secrets.”

5.5.3 Also pursuant to Section 119.07 (3)(aa), F.S., financial statements will be exempt from examination by anyone other than legally authorized County employees or agents. The County will maintain the confidentiality of such financial data to the extent provided by law.

5.5.4 Fees for copies of documents, records, materials, and/or reproductions will be charged in accordance with the County’s prevailing fee schedules. Copyrighted material may be inspected during regular business hours.

#### 5.6 Incurred Expenses

This RSQ does not commit the Lake County Board of County Commissioners to make an award nor shall the County be responsible for any cost or expense which may be incurred by any respondent in preparing and submitting a response, or any cost or expense incurred by any respondent prior to the execution of a task assignment. By submitting a response, the respondent, agrees that all costs associated with the preparation of the response will be solely your responsibility. It is also agreed that the County bears no responsibility for any costs associated with the preparation of the response, preparing and delivering presentations, and/or any administrative or judicial proceedings resulting from this solicitation process.

#### 5.7 Prohibition against Contingent Fees

Any contract entered into as a result of this RSQ shall contain the following statement.

*“[insert respondent name and title] warrants that he or she has not employed or retained any company or person, other than a bona fide employee working solely for (respondent) to solicit or secure this agreement and that he or she has not paid or agreed to pay any person, company, corporation, individual, or firm, other than a bona fide employee working solely for (respondent) any fee, commission, percentage, gift, or other consideration contingent upon or resulting from the award or making of this agreement”*

#### 5.8 Truth in Negotiation Certification:

Any respondent awarded a contract from this RSQ shall execute a truth-in-negotiation certification stating that the wage rates and other factual unit costs are accurate, complete, and current, at the time of contracting. Each base contract and task assignment shall contain a provision that the original contract prices and any additions shall be adjusted to exclude any significant sums by which the County determines the contract price was increased due to inaccurate, incomplete, or non-current wage rates and other factual unit costs. All such contract adjustments shall be made within one (1) year following the end of the contract.

#### 5.9 Collusive Response:

The respondent certifies, by submission of a response, that their response is made without any previous understanding, agreement or connection with any person, firm or corporation making a response for the same service with prior knowledge of competitive prices, and is in all respects fair, without outside

control, collusion, fraud or otherwise illegal action. Any evidence of collusion among respondents and prospective respondents acting to illegally restrain freedom of competition by agreement to offer a fixed price, or otherwise, will render the responses of such respondents void.

#### 5.10 Conflict of Interest

Each respondent to this RSQ must disclose with its response the name of any officer, director, or agent who is also an employee of the Lake County BOCC. Further, each respondent must disclose the name of any Lake County BOCC employee who owns, directly or indirectly, any interest in the respondent's firm or any of its branches.

#### 5.11 Public Entity Crimes

5.11.1 Pursuant to Section 287.132 and 287.133 Florida Statutes, the Lake County Board of County Commissioners, as a public entity, may not accept any proposal from, award any contract to, or transact any business in excess of the threshold amount set forth in Section 287.017 Florida Statutes with any person or affiliate on the convicted contractor list for the time periods specified unless such person has been removed from the list pursuant to law.

5.11.2 Respondents submitting a proposal in response to this RSQ, are certifying that Sections 287.132 and 287.133, Florida Statutes do not restrict their rights to submit a proposal to the Lake County.

#### 5.12 County Disclaimer of Liability

The County or any of its agencies will not hold harmless or indemnify any respondent for any liability whatsoever.

#### 5.13 No Contact

All prospective respondents are instructed not to contact any member of the Lake County Board of County Commissioners, the County Manager or any other County person other than the Contracting Officers noted on the cover sheet regarding this solicitation process. Any such contact may be cause to preclude consideration for award.

### 6.0 SELECTION PROCESS

The County shall review all qualification packages that were submitted. The County shall select those firms that appear qualified to provide the professionals services and conduct discussions with them. Based upon the responses received and ensuing discussions and inquiries, the County intends to make a recommendation for award to one respondent.

### 7.0 CONTRACT TERMS

7.1. Basic Contract: The County will negotiate a base contract containing all substantial terms and conditions and the base fee schedules for each labor and expense category. The County uses a basic template for all professional services contracts. A copy has been posted along with this solicitation.

- 7.1.1 The County will pay for incidental expenses (telephone calls, faxes, copies, etc.) on a percentage basis of not more than three percent (3%) of the total labor hours for each task assignment.
- 7.1.2 The County will permit an annual price redetermination of labor fees based upon the percentage change in the Consumer Price Index for the Orlando MSA. The base period will be the month that the base contract was executed by the County.

7.2 Task Assignment Process

- 7.2.1 Each time the County has a requirement for the professional disciplines awarded under this solicitation, the Project Manager will contact the firm to discuss the proposed Scope of Work and total costs to complete the project task based upon the fees in the current base contract.
- 7.2.2 If the County and the contractor agree to the scope of work, deliverables, schedules and total cost, a task assignment will be generated by the County incorporating all of the agreed upon requirements. This document must be signed by both the County's and contractor's authorized representatives prior to any work being performed by the contractor.

7.3 Damages

- 7.3.1 Actual Damages If the actions or inactions of the contractor cause the County to be assessed fines or penalties or to suffer any other financial loss, the contractor shall be responsible to reimburse the County for such actual damages. The contractor may not disclaim consequential damages.

7.4 Codes and Regulations

All goods and work within the scope of the contract and each task assignment shall be completed by the contractor in accordance with all applicable prevailing codes and regulations.

7.5 Force Majeure

The parties will exercise every reasonable effort to meet their respective obligations but shall not be liable for delays resulting from force majeure or other causes beyond their reasonable control, including, but not limited to, compliance with any Government law or regulation, acts of nature, acts or omissions of the other party, Government acts or omissions, fires, strikes, national disasters, wars, riots, transportation problems and/or any other cause whatsoever beyond the reasonable control of the parties. Any such cause will extend the performance of the delayed obligation to the extent of the delay so incurred.

7.6 No Assignment of Contract

The contractor shall not assign, transfer, convey, sublet, or otherwise dispose of any award or of any of its rights, title, or interests therein, without the prior written consent of the County.

7.7 Indemnification and Hold Harmless

The contractor shall in accordance with 725.08 Florida Statutes shall indemnify and hold harmless the County and its officers and employees, from liabilities, damages, losses and costs, including, but not



limited to, reasonable attorney's fees, to the extent caused by the negligence, recklessness, or intentional wrongful conduct of the contractor and other persons employed or utilized by the contractor in the performance of the contract.

7.8 Contract Termination

Subject to the provisions below, any contract derived from this request may be terminated by the County upon thirty (3) days advance written notice to the contractor; but if any work or service hereunder is in progress but not completed as of the date of termination, then said contract may be extended upon written approval of the County until said work or services are completed and accepted.

7.8.1 Subject to the provisions below, any contract derived from this request may be terminated by the County upon thirty (30) days advance written notice to the contractor; but if any work or service hereunder is in progress but not completed as of the date of termination, then said contract may be extended upon written approval of the County until said work or services are completed and accepted.

6.8.2 Termination for Convenience: In the event that the contract is terminated or canceled upon request and for the convenience of the County, with the required thirty (30) days advance written notice, then the County shall reimburse the contractor for actual irrevocable cost incurred by the contractor, if applicable.

6.8.3 Termination for Cause: Termination by the County for cause, default or negligence on the part of the contractor shall be excluded from the foregoing provision; termination costs, if any, shall not apply. The thirty (30) days advance notice requirement is waived in the event of Termination for Cause.

6.8.4 Termination Due to Unavailability of Funds in Succeeding Fiscal Years: When funds are not appropriated or otherwise made available to support continuation of performance in a subsequent fiscal year, the contract shall be canceled and the contractor shall be reimbursed for the reasonable value of any non-recurring costs incurred but not amortized in the price of the supplies or services delivered under the contract.

6.9 Grant Funding:

In the event a specific project is to be funded by federal, state, or other local agency monies, the contractor hereby agrees to comply with all requirements of the funding entity applicable to the use of the monies, including receiving no payment until all required forms are completed and submitted. A copy of the requirements shall be supplied to the contractor by the County upon request.

6.10 Law Governing:

Except to the extent Federal law is applicable, the interpretation, effect, and validity of any contract(s) resulting from this RSQ shall be governed by the laws and regulations of the State of Florida, and Lake County, Florida. Venue of any court action shall be in Lake County. In the event that a suit is brought for the enforcement of any term of the contract, or any right arising there from, the parties expressly waive their respective rights to have such action tried by jury trial and hereby consent to the use of non-jury trial for the adjudication of such suit.

6.11 Subcontracting:



## Architectural Design for Lake County Libraries

The contract that will be derived from this request shall not be sublet except with the prior written consent of the Procurement Services Director. No such consent shall be construed as making the County a party to such subcontract or subjecting the County to liability of any kind to any subcontractor. No subcontract shall under any circumstances relieve the contractor of liability and obligation under this contract and all transactions shall be through the prime contractor.

## 6.12 Waiver of Claims

Once the contract expires, or final payment has been requested and made on a task assignment, you only have thirty (30) calendar days to present or file any claims against the County concerning the contract or task assignment. After that period the County will consider that you have waived any claims against the County concerning the contract or task assignment. After that period, the County will consider that you have waived any right to claims against the County concerning the contract.

## 7.0 INSURANCE:

7.1 The Contractor shall provide and maintain during the entire term of the contract insurance in the following types and limits with a company or companies authorized to do business in the State of Florida. The Contractor shall not commence work under the contract until the County has received an acceptable certificate or certificates of insurance evidencing the required insurance

( X ) General liability insurance on forms no more restrictive than the latest edition of the commercial general liability policy (CG 00 01 or CG 00 02) of the Insurance Services Office or equivalent without restrictive endorsements, with the following minimum limits and coverage:

|                                         |                         |
|-----------------------------------------|-------------------------|
| ( X ) General liability                 |                         |
| ( X ) Each occurrence/general aggregate | \$1,000,000/\$1,000,000 |
| ( X ) Products-completed operations     | \$1,000,000             |
| ( X ) Personal & adv. injury            | \$1,000,000             |
| ( X ) Fire damage                       | \$100,000               |
| ( X ) Medical expense                   | \$ 5,000                |
| ( X ) Contractual liability             |                         |

( X ) Automobile liability insurance, including owned, non-owned and hired autos with the following minimum limits and coverage:

|                              |            |
|------------------------------|------------|
| Combined single limit        | \$ 300,000 |
| or                           |            |
| Bodily injury (per person)   | \$ 100,000 |
| Bodily injury (per accident) | \$ 300,000 |
| Property damage              | \$ 100,000 |

( X ) **Lake County, A Political Subdivision Of The State Of Florida, And The Board Of County Commissioners**, shall be named as additional insured as their interest may appear on the:

( X ) general liability policy

( X ) Workers' compensation insurance in accordance with Florida Statute, Chapter 440, and/or any other applicable law requiring workers' compensation (Federal, maritime, etc).

- ( X ) Professional liability and/or specialty insurance (medical malpractice, engineers, architect, consultant, environmental, pollution, errors and omissions, etc.) insurance as applicable, with minimum limits of \$500,000 and annual aggregate of \$1,000,000.
- ( X ) Certificates of insurance shall provide for a minimum of thirty (30) days prior written notice to the County of any change or cancellation of the required insurance.
- ( X ) Certificates of insurance shall identify the RSQ number, contract, project, etc. in the description of Operations section of the Certificate.
- ( X ) The Contractor shall be responsible for subcontractors and their insurance.
- ( X ) Certificate holder shall be:

LAKE COUNTY, A POLITICAL SUBDIVISION OF THE  
STATE OF FLORIDA, AND THE BOARD OF COUNTY  
COMMISSIONERS.  
P.O. BOX 7800  
TAVARES, FL 32778-7800

The contractor shall be responsible for subcontractors and their insurance.

- 7.6 All deductibles or self-insured retention shall appear on the certificate(s) and shall be subject to approval by the County. At the option of the County, the insurer shall reduce or eliminate such deductible or self-insured retention; or the contractor shall be required to procure a bond guaranteeing payment of losses and related claims expenses.
- 7.7 All insurance companies must be authorized to transact business in the State of Florida.
- 7.8 The County shall be exempt from, and in no way liable for, any sums of money which may represent a deductible in any insurance policy. The payment of such deductible shall be the sole responsibility of the contractor and/or subcontractor providing such insurance.
- 7.9 Failure to obtain and maintain such insurance as set out above will be considered a breach of contract and may result in termination of the contract for default.

**8.0 INSTRUCTION FOR RESPONDING TO THIS RSQ**

- 8.1 Firms or individuals interested in submitting a response shall submit one (1) original response marked "ORIGINAL", and five (5) copies. [TOTAL of SIX (6) PACKAGES] Failure to provide the required number of copies and information may result in the firm not being considered. Telegraphic, verbal, electronic or facsimile (fax) submittals will not be considered.
- 8.2 The response shall be clear, concise, composed (typed) in a letter size (8 ½ x 11 inch) format and either spiral bound or in a 3-ring binder. Unnecessarily elaborate responses beyond that sufficient to present a complete and effective response to this RSQ are not needed. Elaborate artwork, corporate brochures, lengthy narratives, expensive paper, specialized binding, and other extraneous presentation materials are neither necessary nor desired.

## Architectural Design for Lake County Libraries

- 8.3 Each response shall be submitted on recycled paper with the highest amount of post-consumer content practical. All pages except those requiring certifications and/or signatures shall be printed double sided. This is required by the Lake County Board of County Commissioners since it adopted a Reduce, Reuse and Recycle policy to protect the environment through sound business policies.
- 8.4. Use only the form(s) provided in this document tabbed A through F. If you make any change to the content or format of any form, the County may disqualify your response. Complete all forms in accordance with the instructions. All information shall be legible and either written in ink or typewritten/printed. If you make a correction or change on any document, the person signing the response must initial the change. The RSQ cover shall be manually signed in BLUE INK by an official authorized to legally bind the respondent to its provisions.
- 8.5 Type/print the RSQ Number and Title, and the closing date and time on the front of the submittal envelope/package. Ensure that your response is securely sealed in an opaque envelope / package to provide confidentiality of the information prior to the closing.

## 8.6 QUALIFICATIONS PACKAGE REQUIREMENTS

**Qualifications for this request will be limited to Architects with experience in the design of libraries.** This RSQ is for various architectural and engineering disciplines. Respondents may submit on more than one discipline. A separate response is required for each discipline in which the respondent is interested in providing.

The following table sets forth the specific items to be addressed in your response package.

RSQ COVERSHEET completed and signed

### TABLE OF CONTENTS

Tab A. STATEMENT OF INTEREST: To be submitted on the firm's letterhead.

The statement shall include:

1. Concisely state the firm's understanding of the services required by the County.
2. Include additional relevant information not requested elsewhere in the RSQ.
3. The signature on the statement shall be that of a person authorized to represent and bind the firm.

Include the original signed and **Notarized Conflict of Interest Disclosure Form**

Tab B. FIRM PROFILE: Complete Form 1 (provided) along with a copy the Firm's current State of Florida Board of Professional Regulation License.

Tab C. TEAM COMPOSITION: Respondents shall complete a Form 2 (provided) for each of the proposed team members. This form shall be reproduced for as many team members as necessary.

Tab D. OUTSIDE KEY CONSULTANTS: If respondent is not a joint venture, list outside key consultants/associates that shall be used for the proposed project. (Form 3 provided) This form may be reproduced if necessary.

Tab E. LOCATION: Complete Form 4 (provided).

Tab F. PROFESSIONAL PERSONNEL FOR SIMILAR PROJECTS: Complete Form 5 (provided). This page shall be reproduced and attached in sequence.

Tab G. VOLUME OF WORK: Complete Form 6 (provided).

Tab H. ADDITIONAL INFORMATION: Form 7 provided. (This form must be signed and dated as indicated.)

FORM 1

FIRM PROFILE

Proposed Discipline: \_\_\_\_\_

|                                                                                                                                                                               |                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| 1. Firm (or joint venture) Name & Address                                                                                                                                     | 1c. Licensed to do business in the State of Florida<br>_____ Yes _____ No |
|                                                                                                                                                                               | 1d. Name, Title & Telephone Number of Principal to Contact                |
|                                                                                                                                                                               | 1e. Address of office to perform work, if different from Item 1           |
| 1a. Firm is _____ National _____ Regional _____ Local<br>FEIN # _____                                                                                                         |                                                                           |
| 1b. Firm is a Certified Minority Business Enterprise<br>_____ Yes _____ No                                                                                                    |                                                                           |
| 2. Please list the number of people by discipline that your firm/joint venture will commit to the County's project.                                                           |                                                                           |
| 3. If submittal is by joint venture list participating firms and outline specific areas of responsibility (including administrative, technical, and financial) for each firm: |                                                                           |
| 3a. Has this joint venture previously worked together? _____ Yes _____ No                                                                                                     |                                                                           |

FORM 2

TEAM COMPOSITION

Brief resume of key persons, specialists and individual consultants shall be assigned to the project. Utilize one sheet per person. (Additional information may be attached)

|                                                                       |
|-----------------------------------------------------------------------|
| Name & Title:                                                         |
| Project assignment:                                                   |
| Name of firm with which associated:                                   |
| Years experience:<br>With this firm _____ With other firms _____      |
| Education: Degree(s)/year/school/specialization:                      |
| Active registration: Year first registered/discipline                 |
| Other experience and qualifications relevant to the proposed project: |

FORM 3

## OUTSIDE KEY CONSULTANTS

If respondent is not a joint venture, list outside key consultants/associates that shall be used for the proposed project. (Form may be reproduced if additional space is necessary.)

**Company Name:**

**Address of office proposed for this project:**

| Role<br>(i.e. Civil Engineering,<br>Environmental, Landscape<br>Architectural...) | Projected % of<br>Over-All Work<br>on Entire<br>Project | Name of Individual Assigned<br>to this Project | Firm Worked<br>with prime before<br>(Yes or No) | Individual<br>Worked with<br>prime before<br>(Yes or No) |
|-----------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------------|-------------------------------------------------|----------------------------------------------------------|
|                                                                                   |                                                         |                                                |                                                 |                                                          |

**Company Name:**

**Address of office proposed for this project:**

| Role<br>(i.e. Civil Engineering,<br>Environmental, Landscape<br>Architectural...) | Projected % of<br>Over-All Work<br>on Entire<br>Project | Name of Individual Assigned<br>to this Project | Firm Worked<br>with prime before<br>(Yes or No) | Individual<br>Worked with<br>prime before<br>(Yes or No) |
|-----------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------------|-------------------------------------------------|----------------------------------------------------------|
|                                                                                   |                                                         |                                                |                                                 |                                                          |

**Company Name:**

**Address of office proposed for this project:**

| Role<br>(i.e. Civil Engineering,<br>Environmental, Landscape<br>Architectural...) | Projected % of<br>Over-All Work<br>on Entire<br>Project | Name of Individual Assigned<br>to this Project | Firm Worked<br>with prime before<br>(Yes or No) | Individual<br>Worked with<br>prime before<br>(Yes or No) |
|-----------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------------|-------------------------------------------------|----------------------------------------------------------|
|                                                                                   |                                                         |                                                |                                                 |                                                          |

Are there any contractual agreements between the respondent (prime consultant) and any of the proposed sub-consultants? \_\_\_\_ yes \_\_\_\_ no



If the answer is yes, the respondent shall attach, with their submittal, information describing the contractual relationship including a copy of any written contractual agreement.

FORM 4

LOCATION

1. Specify address of Prime Consultant's designated office where the majority of work on this project will be performed:

2. Indicate percentage of total over-all project fees projected to be performed on this project by the Prime Consultant's office specified above. (Do not include percentage of fees anticipated to be performed on this project by sub-consultants)

\_\_\_\_\_ %

3. Specify address of Prime Consultant's other office(s) where any part of the work on this project will be performed (if applicable):

4. Indicate percentage of total over-all fees projected to be performed on this project by the office specified above. Do not include percentage of fees anticipated to be performed on this project by sub-consultants.

\_\_\_\_\_ %

5. Indicate percentage of total over-all fees projected to be performed on this project by firms located within Lake County including the prime consultant and sub-consultants, utilizing information supplied above and on Form 2.

\_\_\_\_\_ %

FORM 5

**PROFESSIONAL PERSONNEL FOR SIMILAR PROJECTS**

Work by firm or joint venture members which best illustrate current qualifications relevant to the County's project that have been/is being accomplished by personnel that shall be assigned to the County's project. List no more than ten (10) projects.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                        |                                                                                                                                |                                                                                                                                                        |                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4. <u>Project Name &amp; Location</u><br><br><br><br><br><u>Project Manager:</u><br><br><u>Completion Date (Actual or Estimated)</u><br><br><u>Estimated Cost (In Thousands)</u><br><table style="width: 100%; border: none;"> <tr> <td style="width: 35%; border: none; vertical-align: top;"> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Entire Project</div> <div style="padding-top: 5px;">\$</div> </td> <td style="width: 65%; border: none; vertical-align: top;"> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Work for which firm was/is responsible</div> <div style="padding-top: 5px;">\$</div> </td> </tr> </table> |                                                                                                                                                        | <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Entire Project</div> <div style="padding-top: 5px;">\$</div> | <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Work for which firm was/is responsible</div> <div style="padding-top: 5px;">\$</div> | <u>Project Owners Name &amp; Address</u><br><br><br><br><br><br><br><br><br><br><u>Project Owner's Contact Person, Title, &amp; Telephone Number</u> |
| <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Entire Project</div> <div style="padding-top: 5px;">\$</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Work for which firm was/is responsible</div> <div style="padding-top: 5px;">\$</div> |                                                                                                                                |                                                                                                                                                        |                                                                                                                                                      |
| <u>Scope of Entire Project</u> (Please give quantitative indications wherever possible)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                        |                                                                                                                                |                                                                                                                                                        |                                                                                                                                                      |
| <u>Nature of Firm's Responsibility in Project</u> (Please give quantitative indications wherever possible)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                        |                                                                                                                                |                                                                                                                                                        |                                                                                                                                                      |
| <u>Firm's Personnel (Name/Project Assignment) That Worked on the Stated Project that Shall Be Assigned to the County's Project</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                        |                                                                                                                                |                                                                                                                                                        |                                                                                                                                                      |

**FORM 6**

## VOLUME OF WORK

Prime Consultant's volume of work performed for the Lake County Board of County Commissions  
As a prime consultant and as a subconsultant – currently and previously

[illegible]

FORM 7

ADDITIONAL INFORMATION

Use this space to provide any additional information or description of resources (Including any design capabilities) supporting your firm's qualifications for the County's project.

Conflict of Interest Disclosure Form**I HEREBY CERTIFY that**

2. I (*printed name*) \_\_\_\_\_ am the  
       (*title*) \_\_\_\_\_ and the duly authorized representative of the firm of (*Firm*  
       *Name*) \_\_\_\_\_ whose address is

\_\_\_\_\_, and that I possess the legal  
 authority to make this affidavit on behalf of myself and the firm for which I am acting; and,

2. Except as listed below, no employee, officer, or agent of the firm have any conflicts of interest, real or  
 apparent, due to ownership, other clients, contracts, or interests associated with this project; and,

3. This proposal is made without prior understanding, agreement, or connection with any corporation, firm,  
 or person submitting a proposal for the same services, and is in all respects fair and without collusion or  
 fraud.

## EXCEPTIONS (List)

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Date: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 2004

Personally Known \_\_\_\_\_

OR Produced Identification \_\_\_\_\_, Type of Identification \_\_\_\_\_

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
 (Printed, typed or stamped commissioned name of notary)

**THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR RESPONSE SUBMITTAL**